

SPECIALTY QUALIFICATION TRAINING CARD
FLIGHT LINE MARSHALLER

NAME (Last, First, MI)	CAPID	DATE ISSUED
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Prerequisites

Item	Date Completed
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Qualified GES	
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The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-FLM.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

Familiarization and Preparatory Training

Task	Trainer's CAPID and Date Completed
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Demonstrate knowledge of the flight line marshaller's responsibilities	
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Demonstrate knowledge of requirements for vehicles on the flight line	
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Demonstrate knowledge of flight line safety considerations	
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Demonstrate knowledge of accident prevention	
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The above listed member has completed the required familiarization and preparatory training requirements for the Flight Line Marshaller specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

CAPF 101T-FLM, MAY 01

OPR/ROUTING: DOS

PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001

Advanced Training

Task

Trainer's CAPID and
Date Completed

Demonstrate the ability to marshall CAP aircraft on missions	
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Demonstrate proper ground safety observer techniques	
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SIMULATE demonstrating the ability to operate a fire extinguisher for an engine fire	
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Demonstrate the ability to fuel an aircraft	
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Demonstrate proper aircraft tie down procedures	
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Demonstrate knowledge of flight line security	
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Complete Basic First Aid Training or Equivalent	
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Complete Basic Communications User Training	
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Complete Task L-0001 (Basic Communications Procedures for ES Operations)	
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Complete the current continuing education examination for flight line marshallers	
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Exercise Participation

The above listed member satisfactorily participated as a Flight Line Marshaller trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as a Flight Line Marshaller trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the Flight Line Marshaller specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE

CAPF 101T-FLM, MAY 01 REVERSE